

## CONVICTED FELON AFFIDAVIT

TO: **JACQUILINE D. WILLS**  
Clerk Superior Court  
**Jury Division**  
9151 Tara Boulevard, 1JA09  
Jonesboro, Georgia 30236-4912  
770-477-3400; fax 770-477-4519

**\*\*\*\*PLEASE NOTE: YOU MAY FAX THIS FORM TO OUR OFFICE, BUT THE ORIGINAL FORM MUST BE MAILED TO OUR OFFICE VIA US MAIL SERVICE.**

By indication of my signature below, I certify that I am a convicted felon. My conviction occurred in

\_\_\_\_\_ in \_\_\_\_\_.  
City, State Year

To my knowledge, my civil rights have not been restored.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public or Deputy Court Clerk

\_\_\_\_\_  
County

My Commission expires \_\_\_\_\_

Jury Service Date: \_\_\_\_\_

Juror # \_\_\_\_\_